



How Often Should Lipoprotein(a) Be Measured?

A prospective observational study from the U.K. suggests that once is enough.

Lipoprotein(a) is a potentially causal cardiovascular disease risk factor that is predominantly genetically determined. Using data from 16,017 unrelated participants from the U.K. Biobank, investigators tested the association between repeat lipoprotein(a) measurements and risk for incident coronary artery disease.

A total of 15,432 participants had no prevalent CAD at follow-up lipoprotein(a) measurement. The median time between baseline and follow-up lipoprotein (a) measurements was 4.4 years, and the median lipoprotein(a) concentration was 19.5 nmol/L at baseline and 20.4 nmol/L at follow-up. The stability of lipoprotein(a) level between baseline and follow-up was high (Spearman correlation, 0.96). In patients naive to statins at baseline, statin use was associated with a modest but significant increase in lipoprotein(a) molar concentration at follow-up when baseline lipoprotein(a) level was ≥ 70 nmol/L. There was no association between lipoprotein(a) instability (lipoprotein(a) change $>10\%$ from baseline) and incident coronary artery disease.